STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE (	CONSTRUCTION	(X3) DATE SURVEY			
AND PLAN OF CORRECTION IDENTIFICATIO		IDENTIFICATION NUMBER:	a. Building 01		COMPLETED		
155200		B. WING		07/16/2012			
NAME OF PROVIDER OR SUPPLIER  UNIVERSITY NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE  1564 S UNIVERSITY BLVD  UPLAND, IN 46989				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PERCEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE		
K0000	Life Safety Cocand State Licer conducted on Quality Assura Survey were conducted in the later of later of the later of l	04/30/12 and a cince Walk-thru conducted by the Department of rdance with 42 CFR 07/16/12 er: 000107 der: 155200 100290330 ey Kelley, Life Safety transform of the Requirements for a cicaid, 42 CFR 0(a), Life Safety the 2000 edition of the Protection FPA) 101, Life Safety apter 19, Existing	K0000	Ms. Rhoades, Please view th attached plan of correction for Life Safety Code visit conduct at University Nursing Center of 7/16/12. Proof of installation to be provided via email to Denn Austill as asked in the letter. Thank you. Stephanie Allen, HFA Executive Director Universing Center	the ed on will is		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any defiency statement ending with an asterisk (\*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

	OF CORRECTION  OF CORRECTION  155200	(X2) MULTIPLE CO  A. BUILDING  B. WING	01	(X3) DATE SURVEY COMPLETED 07/16/2012		
NAME OF PROVIDER OR SUPPLIER  UNIVERSITY NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE  1564 S UNIVERSITY BLVD  UPLAND, IN 46989				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PERCEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	E COMPLETION		
	This one story facility was determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and areas open to the corridors. Only resident rooms 115 and 303 were provided with battery operated smoke detectors. The remaining resident rooms lacked smoke detectors at this time. The facility has a capacity of 75 and had a census of 51 at the time of this survey.  The facility was found not in compliance with state law in regard to smoke detector coverage. The facility was found in compliance with state law in regard to sprinkler coverage.  All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered.  Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/23/12.  The facility was found not in compliance with the aforementioned regulatory					

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/15/2012 FORM APPROVED OMB NO. 0938-0391

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:  155200		A. BUILDING  B. WING	01	COMPLETED 07/16/2012			
NAME OF P	ROVIDER OR SUPPLIER			ADDRESS, CITY, STATE, ZIP CODE			
UNIVERSITY NURSING CENTER			1564 S UNIVERSITY BLVD UPLAND, IN 46989				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE		
PREFIX	(EACH DEFICIEN) REGULATORY OR	CY MUST BE PERCEDED BY FULL	PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)  PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	COMPLETION		

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Facility ID: 000107

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STATEMENT OF DEFICIENCIES X1)		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING 01		COMPLETED		
155200		B. WING			07/16/2	07/16/2012	
			D. WIN		ADDRESS, CITY, STATE, ZIP CODE		
NAME OF PROVIDER OR SUPPLIER							
LININ/EDOLTY/ NILIDOINIO OFNITED					UNIVERSITY BLVD D, IN 46989		
UNIVERSITY NURSING CENTER				UPLAN	D, IN 46969		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID PREFIX		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)				(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG				TAG	DEFICIENCY)		DATE
K9999							
	State Findings		K9999		What corrective actions will be		
					accomplished for those reside		
	2 1 10 5 10 // 100	NIMENT AND			found to have been affected ny	y	
	3.1–19 ENVIRO				the deficient practice?Smoke		
	PHYSICAL STAN	NDARDS			detectors will be installed in all		
					resident rooms by 8/15/2012.F	low	
	3.1-19(ff) A he	alth facility			other residents having the potential to be affected by the		
		16-28 and this			same deficient practice will be		
					identified and what corrective		
	rule must do the following:				action will be taken?All resider	nts	
	(1) Have an automatic sprinkler				could have been affected by the		
	system installed throughout the				deficiency. Smoke detectors v		
	facility before July 1, 2012.				be installed in all resident roon	ns	
	(2) If an automatic sprinkler				by 8/15/2012.What measures	will	
	system is not in	nstalled throughout			be put into place or what		
	_				systematic changes will be ma	ade	
	the health care facility before July 1, 2010, submit before July 1,				to ensure that the deficient	_	
		•			practice does not recur?Smok detectors will be installed by	e	
	2010 a plan to the department for				8/15/12. Maintenance Directo	r	
	completing the installation of the				or designee, will check all roor		
	automatic sprinkler system before				for smoke detector placement		
	July 1, 2012.				after installation monthly x 6		
	(3) Have a battery operated or				months with results to CQI.		
					Sensitivity will be inspected		
	hard-wired smoke detector in				biennially every odd year in Ma	ay	
	each resident's room before July 1, 2012.				with results to CQI.How the		
					corrective action will be monito		
					to ensure the deficient practice	†	
	This State Rule	has not been met			will not recure?Maintenance Director, or designee, will chec	,	
	as evidenced b				all rooms for smoke detector	OI.	
	·				placement after installation		
	Based on observation and				monthly x 6 months with result	ts to	
	interview, the facility failed to install smoke detectors in each resident's room before July 1,				CQI. Sensitivity will be inspec		
					biennially every odd year in Ma		
					with results to CQI.By what da	te	
	2012. This def	- · ·			the systemic changes will be		
	2012. 11113 act	recent practice			completed?8/15/12		

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO	ONSTRUCTION 01	(X3) DATE SURVEY COMPLETED	
155200		A. BUILDING B. WING	<del></del>	07/16/2012	
	PROVIDER OR SUPPLIER		1564 S	ADDRESS, CITY, STATE, ZIP CODE UNIVERSITY BLVD ID, IN 46989	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES ICY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
	could affect at in the facility.	least 47 residents			
	Findings includ	de:			
	Maintenance Son 17/16/12 from p.m., with the resident rooms remaining resident provided with detectors. Based uring the time the Maintenance acknowledged	n 3:30 p.m. to 5:07 exception of s 115 and 303, the dent rooms were vith smoke ed on interview e of observations,			

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